



# RURAL HEALTH

# Graduate Research Symposium

Thursday 21st November 2013



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Hotel Grand Chancellor - Hobart



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# Welcome

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Today we gather here for our graduate research symposium, which is conducted in the atmosphere of creativity and exploration. With creativity we are not shy from exploring new frontiers in research in terms of concepts, issues and approaches.

Two concepts which are often religiously talked about in research are validity and reliability. They are widely used to judge research rigour. Whereas creativity is somehow aloof and sometimes discouraged as it can spoil the seriousness of the research discourse. However, as research is too serious to be taken seriously. We should allow, or more,

encourage creativity to take place in research. “Creativity takes courage”, Henri Matisse reminds us! And Louis Pasteur added: “Chance favours the prepared mind.”

One of the special features of our Rural Health Graduate Research Symposium is student-centeredness. In other words, students are key players in running this symposium from research presentations to symposium dinner with interesting intercultural activities and celebration of research achievements.

The freshness of late Spring and the arrival of early summer together provide us with inspiration and motivation for this symposium. It opens the way for sharing our research journeys with supervisors, peers, and interested others. They are here to support us in our reflecting on current achievements, and in exploring new directions.

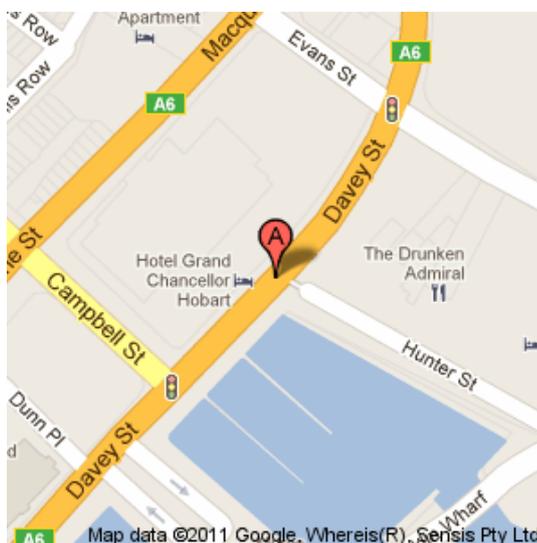
In the spirit of creativity in meaning making in research, I would like to warmly welcome all of you to our Rural Health Graduate Research Symposium.

Please enjoy!

Quynh

# Map & Contacts

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## Directions driving to the Hotel Grand Chancellor Hobart

**From Hobart Airport:** Hobart airport is 15 kilometres from the CBD. Allow 20 minutes by Taxi. Take Holyman Avenue until you come to the Tasman Highway roundabout. At the roundabout take the second exit onto Tasman Highway (for approximately 10 kilometres. Stay on the left hand lane as you get to the start and over the Tasman Bridge. Continue on the left lane and take the Hobart City exit off the Tasman Bridge. As you get closer into the city (approximately 2km from the bottom of the Tasman Bridge) get into the middle lane and soon as you pass the Liverpool Street exit stay on the extreme right hand side lane. As you progress you will pass a 9/11 wine and bottle shop and soon as you pass Evan Street intersection (this is one corner of the hotel) you begin to see the main entrance driveway of the Hotel Grand Chancellor Hobart.

## From Launceston

Head towards the Hobart water front along the Brooker highway, at the traffic island continue to the waterfront and then turn right onto the waterfront and the hotel is on your right.



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# Symposium Programme

## 9.30 – 10.00 am Registration and morning tea

9.30 – 10.00 am Registration & morning tea

*Lobby Foyer*

10.00 – 10.05 am Welcome and housekeeping

*Chancellor Room 6* **Dr Quynh Lê** – Graduate Research Coordinator

## 10.05 – 10.15 am Welcome address

*Chancellor Room 6* **Professor Denise Fassett**

Dean of Faculty of Health Science

## 10.15 – 11.20 am Keynote address

*Chancellor Room 6* **Professor Greg Peterson**

Chairperson: **A/Prof Tony Barnett** Associate Dean Research and Professor of Pharmacy

Topic: ***The Importance of Rural Health Research***

## 11.20 – 13.00 Students' presentations

*Chancellor Room 6* 11.20 – 11.45 am

Chairperson: **Dr Heather Bridgman** **Melissa Terry**

Exploring the role of music: Postnatal depression in rural Tasmania

11.45 – 12.10 pm

**Joanne Yeoh**

Food security and cultural identity of migrants in Tasmania –  
Qualitative findings

12.10 – 12.35 pm

**Lorraine Walker**

Exploring education and interprofessional learning in rural  
clinical learning environments

12.35 – 1.00 pm

**Thao Doan**

Healthy ageing: The relationship between health literacy,  
social support and the self-management of community  
dwelling rural older adults (a pilot study)

**1.00 – 2.00 pm**

**Lunch – Chancellor Room 6**

**2.00 – 3.40 pm**

**Students' and visiting scholar's presentations**

*Chancellor Room 6*

2.00 – 2.25 pm

Chairperson: **A/Prof Tony**

**Barnett**

**Chadjane Jantarapat**

*Visiting scholar – Faculty of Nursing, Prince of Songkla  
University, Songkhla Province, Thailand*

Factors related to psychological well-being of teachers  
residing in an unrest situation in southern Thailand

Chancellor Room 6

2.25 – 2.50 pm

Chairperson:

**Robyn Collins**

**Mr Mark Kirschbaum**

Snippets of aged care advocacy – Family perspectives

2.50 – 3.15 pm

**Diana Godwin**

Dental practitioners: Rural work movements

3.15 – 3.40 pm

**Debra Carnes**

Getting the truth: A case-based qualitative comparative analysis of nurses' attitude to safety climate and their views of reporting a hypothetical medication error

3.40 – 4.05 pm

**Daniel Terry**

International medical graduates in Tasmania: Issues, integration and acculturation in the rural and remote context

**4.05 – 4.20 pm**

**Tea break – Chancellor Room 6**

**4.20 – 5.00 pm**

**Q and A**

Chancellor Room 6

**A/Prof Dominic Geraghty**

**Deputy Dean – Graduate Research and Head of the School of Human Life Science**

Theme: *Recent developments in Graduate Research at UTas*

**6.30 – 10.30 pm**

**Social Dinner and Celebration of Achievements**

**MC: Dr Chona Hannah, Michael Tran, and Daniel Terry**

- Symposium dinner will be held at Harbour View Room 1, Hotel Grand Chancellor Hobart.
- Students' achievements will be presented by **A/Professor Tony Barnett** at the Symposium dinner
- Group and intercultural activities
- Closing

# Abstracts

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## **Getting the truth: A case-based qualitative comparative analysis of nurses' attitude to safety climate and their views of reporting a hypothetical medication error**

***Debra Carnes***

**Aim:** To describe rural nurses' attitude to safety climate and their views of reporting and disclosure of a hypothetical medication error **Background:** Many of the methodological debates focus on arguments of qualitative and quantitative approaches to research. Charles Ragin argues that the real choice that researchers make is whether or not they are undertaking research that is variable or case based.

**Method:** Qualitative Comparative Analysis (QCA), a configurational comparative method, has been used for this research. An online survey was undertaken among nurses working in rural clinical worksites (ASGC-RA 3-5). Data was obtained in relation to safety attitude and views of reporting and disclosure of a hypothetical medication error in relation to severe, moderate and near miss error outcome. Data has been analysed using SPSS statistics. Further case based analysis has been undertaken using fsQCA, TOSMANA and R software. For the case based analysis the factor analysis of the safety attitudes questionnaire has been used to determine conditions of interest and these have been analysed across the individual responses of the nurses (the 'cases'). The outcome of interest is the view of each nurse in relation to the likelihood each error outcome would be reported.

**Results:** Whilst the statistical results provide a macro-level measurement of safety climate and error reporting/disclosure the QCA results provide for micro-level understanding that may inform the challenge faced of how to deal with error reporting and disclosure.

**Conclusions:** Utilising new methods for health services research offers a new lens through which to view safety climate and views of reporting and disclosure among rural nurses.

## **Advocacy in rural residential aged care facility**

### ***Robyn Collins***

Families of elderly people who live in rural residential aged care facilities find they are generally happy with the care their loved ones receive, however they experience a loss of control over decision-making processes in regard to their relatives. What will be discussed in this presentation are the glimpses of family advocacy drawn from interviews prior to full analysis being undertaken. This is part of a qualitative research project using Naturalistic Inquiry as a methodology.

These glimpses or snippets are the preliminary findings from five interviews with family members of residents residing in Gippsland based residential aged care facilities. They suggest that families and significant others who advocate on behalf of their loved one (usually a parent) can feel let down by nurses and doctors regarding lack of, or inconsistent inclusion in discussions concerning medical treatment for a relative with a medical condition or dementia. Participants reported that if they were informed that their loved one required medical treatment, it was often after the event, rather than when the person was first noted to be unwell. They also voiced concerns over lack of consultation regarding the treatment prescribed by the doctor.

Other issues of concern are that families have a poor understanding of dementia, behaviour management associated with this and the degree of dependency it creates. Participants stated they were often unsure who to speak to within the facility regarding care issues, as senior staff were not easily identifiable by their appearance.

The themes that have evolved from these early glimpses may well be moderated when full data analysis occurs, especially considering the small sample from which they have been drawn. Further interviews are planned for early 2014 in northern Tasmania which will precipitate data analysis on up to 25 such interviews.

## **Healthy ageing: The relationship between health literacy, social support and the self-management of community dwelling rural older adults (a pilot study)**

***Thao Doan***

**Background:** People living in rural areas are not always as healthy as other Australians. Remoteness is a barrier to access adequate health care services. Self-management of health is therefore an important issue for older adults living in rural areas. Self-management refers to those day-to-day tasks that a person needs to fulfil in order to manage or attenuate the negative impact of disease on his or her physical health status. Health literacy impacts on self-management. It may determine patient engagement and underpins health choices. At a population level, health literacy of older people in Australia is at alarmingly low levels. There is a need to better understand how low health literacy among this population can be addressed or compensated for. To some extent, the negative impact of low health literacy may be buffered or mediated by individuals' social relationships.

**Aim:** The study aims to examine the relationship between health literacy, social support and the self-management of community dwelling rural older adults.

**Methods:** To inform the research aim, structured interviews are employed. Data collection has been conducted with older people aged 65 years or more living in the community in Dorset Shire, Tasmania.

**Expected results and conclusion:** Ninety interviews have been conducted. Based on the literature, it can be anticipated that social networks and social support play an important role in supporting older people to manage their own health and may ameliorate the negative effects of low health literacy in this cohort.

## Dental practitioners: Rural work movements

*Diana Godwin*

**Background:** There is an unequal distribution of all types of dental practitioners (dentists, hygienists, therapists, oral health therapists, dental prosthetists) between urban and rural areas in Australia. People from rural areas are more likely to suffer from poor oral health and have greater problems accessing oral health care services than people in urban centres. The long-term effects of current strategies to increase and stabilise the rural health workforce have been inconclusive, and so need to be investigated.

A literature review indicated that the most influential drivers for rural practice for health personnel were rural upbringing and rural placement programs during training, due an increased familiarity with rural environments and cultures. This was contested in dental practitioner literature which found key differences between the drivers of recruitment and retention. Retention was the main cause of workforce shortages in rural areas through high turnover of staff. Most of the strategies used to alleviate rural workforce discrepancies were financial in nature, while the factors which influenced retention were social and personal issues.

**Aims:** This project will test the existence and strength of the influence of the rural background effect on recruitment and retention of dental practitioners in Australian rural areas.

**Methods:** The study will employ a mixed-methods design using qualitative (interviews) and quantitative (surveys) approaches. Telephone interviews will be conducted with 50 dental health practitioners. Interview data will be coded and analysed using NVivo software to determine key drivers and influences of rural practice. The results from the interviews and from the literature on recruitment and retention of the health workforce in rural and remote areas of Australia and overseas, will be used to design a self-administered discrete choice survey of rural and metropolitan Australian-registered dental practitioners. Data from the questionnaires will be coded and entered into SPSS version 20.0. Descriptive statistics and inferential statistical techniques will be used to explore the data.

**Expected outcomes:** This project will result in a better understanding of rural oral health workforce drivers which will aid the development of strategies to address the unequal regional distribution of the oral health workforce. The results of the project will help improve dental school and university student placements; address perceived issues related to social isolation and community involvement; and improve access to dental care for people residing in rural and remote areas.

## **International medical graduates in Tasmania: Issues, integration and acculturation in the rural and remote context**

***Daniel Terry***

**Introduction:** Australia has experienced health workforce shortages that led to an increased reliance on International Medical Graduate (IMG) recruitment to fill this gap; particularly in rural and remote areas where shortages of doctors often exists. Some IMGs settle well in a new environment whilst others may find working in rural or remote Australia culturally and professionally challenging.

**Objective:** This study explores, from the perspective of IMGs and those who assist IMGs, the experiences and challenges of living and working in rural and remote Tasmania and how this informs the acculturation process.

**Methods:** An exploratory, descriptive design was used with data collected through surveys, and face-to-face interviews with Tasmanian IMGs. The study gathered 105 returned questionnaires (response rate 30%), while interviews were conducted with 45 participants recruited through purposive snowball sampling.

**Results:** The findings indicate three quarters of IMGs are satisfied with their current employment; however, encounter both professional and social challenges which impact on retention. This retention was related to: professional support systems, current employment and the friendliness of patients and local community. It was also vital that IMGs had access to their cultural community; and were involved in local activities such as sports or other community events.

**Conclusion:** The study highlights key aspects which may improve the recruitment and retention of IMGs in rural and remote areas. It adds to existing knowledge and identifies

that retention requires a greater focus on creating, promoting and improving the attractiveness of career pathways and the opportunity for improved lifestyles in rural contexts.

## **Exploring the role of music: postnatal depression in rural Tasmania**

***Melissa Terry***

Music, Medicine and Motherhood: A Literature Review Introduction: Postnatal depression (PND) is a major depressive disorder experienced by a mother within the first year following the delivery of a baby. PND is experienced by 10%-25% of all women who have given birth. It has been proposed that rural Australian women are 60% more likely to experience PND compared to their urban counterparts. Common treatments for PND include pharmacological, psychological, psychosocial and other alternative methods. Recently, the western world has come to acknowledge the use and potential opportunities offered through traditional, complementary and alternative therapies such as music therapy. Objective: The objective of the study is to determine, through a review of the current literature, if music is an effective intervention option for women with PND. Method: An online literature search was conducted through a primary search of MEDLINE, ProQuest, PubMed, PsycInfo and Scopus databases. This was to identify journal articles which discussed and highlighted PND, current treatments, and the use of music to improve all forms of depression, including PND. Key word searches and secondary manual searches were used to identify key literature. Results: Although the effectiveness of music therapy has been identified and examined in other areas for improving health (neonatal, cardiac, paediatric and psychiatric health), there has been no research specifically examining the use of music therapy for women who experience PND. Conclusion: Further research is required to determine the role music may play in alleviating symptoms of PND.

## Exploring education and interprofessional learning in rural clinical learning environments

*Lorraine Walker*

There is increasing impetus that opportunities for interprofessional education (IPE) and practice among health care students need to be facilitated, however, it is yet to become a key focus for health professional education in Australia where placements have been traditionally offered and studied on a discipline specific basis. This presentation provides an overview of the literature on Interprofessional Education (IPE) and Learning (IPL) in the context of my study which seeks to identify opportunities to facilitate IPE and IPL for health care students undertaking clinical placements in rural practice settings, to promote students preparedness for Interprofessional Practice (IPP); and develop a model of IPE suited to promoting IPL in the rural clinical learning environment. The knowledge gained from the review will inform the justification for the study, its scope, rationale and the approach.

## Food security and cultural identity of migrants in Tasmania – Qualitative findings

*Joanne Yeoh*

**Background:** Food security indicates the ability of individuals, households and communities to acquire food that is healthy, sustainable, affordable, appropriate and accessible. Despite Australia's current ability to produce enough food to feed a population larger than its current population, there has been substantial evidence over the last decades to demonstrate many Australians struggle to feed themselves, including those from a cultural and linguistically diverse (CALD) background.

**Aim:** The study aims to investigate migrants' perceptions and experiences on food security in Tasmania.

**Methods:** Mixed methods study using survey questionnaires and semi-structured interviews with migrants living in Tasmania was adopted. A questionnaire explored the migrants' views, attitudes, and values toward the significance of food security in Tasmania. Interviews were conducted to validate the survey results and provide insights

on the migrants' perceptions and experiences of food security. Descriptive and inferential statistics was used to analyse data collected from questionnaire, whereas, thematic analysis was employed to analyse the interview data.

**Results/discussions:** Three hundred migrants completed the questionnaire with a response rate of 50%. Thirty-three follow-up interviews were conducted. Only findings from qualitative data were reported in this presentation. Four main themes were emerged from interview data: (1) Understanding of food security; (2) Experiences with the food security in Tasmania; (3) Factors that influence migrants' food security in Tasmania; and (4) Acculturation strategies. Various sub-themes have been identified under each of these four major themes. The findings indicate participants are satisfied with their current food security in Tasmania. However, they still encounter some challenges in food availability, accessibility and affordability in Tasmania. Factors that influence migrants' food security were educational background, language barrier, socioeconomic status, geographical isolation, and cultural background. By using different acculturation strategies, migrants manage to adapt to the new food culture. In addition, social and cultural capitals were also treated as vital roles in improving migrants' food security.

**Conclusion:** In Tasmania, migrants from different cultural backgrounds face different challenges on food security. They use different strategies for food security while acculturating into new environment. The findings may provide useful information for migrants in Australia and various private organisations or relevant government departments that address food security for migrants.

## **Swimming in the stream: Healthcare professionals doing chronic conditions work in rural areas**

***Anna Spinaze***<sup>1</sup>

This thesis is about chronic conditions work in rural areas, in a world of increasing chronic conditions prevalence. There are multiple possibilities and kinds of chronic conditions work already present, in experimental as well as more formalised (and researched) forms. This thesis examines the ways in which a small sample of rural health professionals presently construct and conduct chronic conditions work, within primary, secondary and tertiary rural healthcare structures. Taking a person-centred approach and drawing on rich observations, interviews and video-triggered interviews with rural healthcare professionals, I provide thick descriptions of rural chronic conditions work. This creates a response to the research question: what is the lived experience of doing work with people with chronic conditions?

The key finding is that chronic conditions work is presently an implicit rather than explicit part of healthcare. In this context, incremental healthcare change is created “through appropriating, resisting, and hybridising” existing professional care-giving practices (Dombroski 2012). Healthcare professionals had individual, sometimes multiple, and generally implicit definitions of chronic conditions work. These definitions were often obliquely constructed in response to career trajectories and exposure to other sub-specialities which provided hints for ways of doing chronic conditions work (eg palliative care, midwifery, rehabilitation, Aboriginal health, rural health). Chronic conditions self-management support skills and health and wellbeing approaches were valuable resources in some rural healthcare professionals’ ‘toolkits’. However, more dominant overarching principles (patient/person-centred care, working from where they’re at, working holistically, patient empowerment or self-efficacy), generally sourced from previous career learnings, were more apparent within rural healthcare and social structures.

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<sup>1</sup> Anna is not presenting at this Symposium but would like to share her draft thesis abstract for further feedback. Anna is working hard on the final draft of her thesis and hopes to submit next month.

This thesis addresses a gap in understanding and 'branding' of chronic conditions work, by documenting some kinds of chronic conditions work which rural health professionals presently experience. Several overarching dimensions of chronic conditions work shape health professionals' present experience and conduct of such work: ambiguity, complexity, contingency and temporality. A discussion chapter explores how these overarching dimensions of chronic conditions work express themselves in the practicalities of chronic conditions work. Such dimensions are key to existing implicit as well as more formalised styles of chronic conditions work. The thesis concludes with a call for the creation of chronic conditions work as a separate discipline or sub-specialty.

# Notes

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